

Audit Preparation Checklist

For the Montana Medicaid School-Based Services Program, school districts and cooperatives retain responsibility for ensuring that program requirements are met. Schools may not be in compliance if any statement below is checked “No.”

Service Provider Qualifications			
___ Yes	___ No	___ N/A	Do all individual service providers meet the established provider qualifications for the Montana Medicaid School-Based Services Program for their discipline?
___ Yes	___ No	___ N/A	Is there documentation that the service providers are credentialed?
___ Yes	___ No	___ N/A	Do you verify and maintain contractor provider credentials?
Services Indicated on IEP			
___ Yes	___ No	___ N/A	Is the service that is being billed included in the IEP?
___ Yes	___ No	___ N/A	Does the IEP document services that are necessary and being provided as part of the school-based health services program?
___ Yes	___ No	___ N/A	Does a team that includes school personnel and qualified providers of health services develop all IEPs?
___ Yes	___ No	___ N/A	Does the IEP confirm that services are authorized as medically necessary as certified by a practitioner of the healing arts within their scope of practice?
Service Documentation			
___ Yes	___ No	___ N/A	Is the billing documentation accurate for services performed (including student name, date of service, duration of service, type of service and notes that show progress toward student goals)?
___ Yes	___ No	___ N/A	Are all service documentation records regularly maintained by the service provider on the day that services are provided?
___ Yes	___ No	___ N/A	Are all service documentation records available at a central district location during an audit?
___ Yes	___ No	___ N/A	Is evaluation reimbursement only requested for health related evaluations that are completed to determine if a student requires special education services?
Special Needs Transportation Services			
___ Yes	___ No	___ N/A	Are special transportation services listed on the IEP?
___ Yes	___ No	___ N/A	Did the student receive Medicaid reimbursable services on the same day that transportation reimbursement is being requested?
Billing Information			
___ Yes	___ No	___ N/A	Is third party insurance pursued for students with dual insurance coverage?
___ Yes	___ No	___ N/A	Do you have documentation retained for a period of six years and three months from the date of service?
___ Yes	___ No	___ N/A	Do you have a process in place to maintain contracted providers' service documentation?